

Public Protection and Regulation Cabinet
Department of Insurance
Legal Division
Attn: Melea Kelch
215 West Main Street
P.O. Box 517
Frankfort, KY 40602-0517

REQUEST FOR NOTIFICATION OF ADMINISTRATIVE REGULATION

Please list the subject matter(s) or check each division for which you wish to receive a copy of the Administrative Regulation and all attachments required by KRS 13A.230:

<input type="checkbox"/> Agent Licensing	<input type="checkbox"/> Consumer Protection & Education
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Kentucky Access
<input type="checkbox"/> Health Insurance Policy & Managed Care	<input type="checkbox"/> Property & Casualty
<input type="checkbox"/> Financial Standards & Examinations	<input type="checkbox"/> State Risk
<input type="checkbox"/> Insurance Fraud Investigation	<input type="checkbox"/> Municipal Taxes

Name: _____
(Please print using all capital letters)

Association, Organization, or Company if applicable: _____

Address: _____
(Please print using all capital letters)

(Please print using all capital letters)

(Please print using all Capital letters)

Phone: _____ Fax: _____

OPTIONAL: I wish to waive the requirement that I receive a paper copy of these administrative regulations through the United States Postal Service. Instead, please email them to me at this email address: _____

Signature: _____ Date: _____

PLEASE MAIL THIS FORM TO THE ADDRESS LISTED ABOVE